

Foster Family Home - Corrective Action Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-5

94-234 Pupukui Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 2/28/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David A. Ayling RN
Compliance Manager

Felicitas G. Pascual
Primary Care Giver

2/28/19
Date

2/28/19
Date